

RENTAL APPLICATION

FOR OFFICE USE ONLY

NEW APPLICATION RE-CERTIFICATION HOUSEHOLD ADDITION TRANSFER

NEW APPLICATION ONLY

Was the application completed on site? Yes No

If the application was not completed on site, what method was the application received by the site staff?

By mail In the drop box Other _____

Date application received on site _____ Time received _____

Application received by: _____ Interviewed by: _____

House Hold size? _____ What apartment size applying for? _____ Bedroom(s) Apartment assigned: _____

Application fee: \$ _____ Monthly rent for the unit type: \$ _____

INITIAL INCOME ELIGIBILITY DETERMINATION

Based on the income information provided by the applicant/on the application:

What is the household approximate annual Gross Income? \$ _____

What is the Maximum Gross Income allowed for the household to be eligible? \$ _____

Based on the Gross Income information provided by the applicant(s), does the household qualify for the program type Yes No

Please note, special arrangements will be made to assist individual(s) who is handicapped or disabled fill out this application if such request is made. Do you require assistance? Yes No

Is the head of household or spouse/co-head disabled? Yes No (for program and unit size eligibility only)

I/We certify that the unit applied for will serve as the applicant's primary residence Yes No

THIS APPLICATION WILL BE REJECTED OR YOUR ELIGIBILITY MAY BE DELAYED IF THERE ARE ANY QUESTIONS NOT ANSWERED OR BOXES NOT CHECKED. USE "N/A" IF THE ANSWER IS NOT YES OR NO.

Are you currently receiving: Section 8 Voucher? Other Federal Assistance? _____ None

Please Print:

Today's Date: _____ Time: _____ Estimated Move In Date: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Phone # _____

Marital Status: Divorced Widowed Married Single Separated (affidavit is required)

How did you hear about our community?

Newspaper Guide Book Internet Drive-By Other _____

I/we were referred by: _____



HOUSEHOLD COMPOSITION – List all persons that will occupy the unit

Full Name	Relationship to Head of Household	Gender	Social Security #	Full-Time Student	DOB	*Race	Hispanic/ Not Hispanic
	HOH	M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH

*Race codes: **AI/AN** (American Indian/Alaskan Native), **A** (Asian), **B/AA** (Black/African American), **PI/NH** (Pacific Islander/Native Hawaiian), **W** (White)

ELIGIBILITY INFORMATION

- 1) Yes No Are you or any adult member (18 or older) in the household employed?
 If yes, provide the contact information of your employer below:
 Employer’s Name: _____
 Address: _____
 Phone #: _____ Fax#: _____
- 2) Yes No Has anyone in your household ever been evicted?
 If yes, explain: _____
- 3a) Yes No Have you or any household member ever been arrested or convicted of any criminal act other than traffic violation/citation?
 If yes, who: _____ When? _____
 Explain: _____
- 3b) Yes No Is any member of the household subject to Lifetime Sexual Offender Register?
- 4) Yes No Does anyone not listed in the household composition section above plan to live with you in the next 12 months?
 If yes, explain _____
- 5) Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain _____
- 6) Yes No Does an adult of this household have primary physical custody of every child listed on this application? Custody documentation may be required depending on the program type.



- 7) Yes No Does your household have or anticipate having any pets other than those used as a service animal?
If yes: Breed? _____ Weight? _____ Height? _____ Color? _____
- 8) Yes No Does anyone in your household require a live-in care attendant or have special needs?
If yes, who? _____ Provide the physician's name and contact information who will verify attendant's need:
Physician's Name: _____
Address: _____
Phone #: _____ Fax #: _____
- 9) Yes No Has anyone in your household filed for bankruptcy?
If yes, was the bankruptcy discharged? Yes No If no, provide documentation from your attorney that no additional debt may be added.
- 10) Yes No Are there any adult household members claiming zero income?
If yes, list name(s) _____
If yes, you must complete a "Zero Income Certification" form.

Automobile Information:

Number of vehicles? _____ License #? _____ Make/Model? _____
Number of vehicles? _____ License #? _____ Make/Model? _____

EMERGENCY CONTACT INFORMATION

In case of emergency, notify: _____ Relationship: _____
Address: _____ City, State, Zip _____
Home/Cell Phone: () _____ Work Phone: () _____

In case of emergency, notify: _____ Relationship: _____
Address: _____ City, State, Zip _____
Home/Cell Phone: () _____ Work Phone: () _____



SIGNATURE CLAUSE

Each household 18 or older must initial in the space provided acknowledging they have read the information below:

_____ I understand that the property management company and/or the owner of the apartment complex is relying on the information I provided in this application and all future required documentation to prove my household's eligibility for the Housing Credit Program and/or other affordable housing. I certify that all information and answers provided in this application and subsequent documentation are true and complete to the best of my knowledge. I consent to release the necessary information to determine my/family eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

_____ I do hereby authorize the property management company and/or the owner of the apartment complex to which I am applying, and their respective agents, employees, or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

_____ I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

_____ Furthermore, I hereby release and hold harmless the property management company and/or the owner of the apartment complex to which I am applying, and their respective agents, employees, or authorized representatives, Credit Reporting Agencies, present and/or past employers, present and/or past residences, their officers and employers that shall provide information to the property management company and/or the owner of the apartment complex to which I am applying from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

_____ I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD AND ANY OWNER (OR ANY EMPLOYEE OF HUD OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLINGLY REQUESTS, OBTAINS, OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5,000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT **208 (A) (6), (7) AND (8).** VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC **408 (A) (6), (7) AND (8).**

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability or familial status.



Student Status

Part A

Is every household member a full-time student (adults and children)? Yes No

Have you or any member of the household attended school, or plan to attend school, for 5 calendar months during the calendar year (January 1 – December 31)? Yes No

If the answer is yes, list the name(s) of the household member(s) who attended school:

If you answer “Yes” to either of the above questions, proceed to answering “Part B” below.

If you answer “No” to the above two questions, please put an “X” over “Part B” below.

Defining “Student”

IRC §152(f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year [January 1 – December 31] in which the taxable year of the taxpayer begins, is a full-time student at an educational organization described in IRC §170(b)(1)(A)(ii) or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IR §170(b)(1)(A)(ii) or of a state or political subdivision of a state. Treas. Reg. §1.151-3(b) further provides that the five calendar months need not be consecutive.

Part B

- Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
 Yes No N/A
- Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program? Yes No N/A
- Married and/or eligible to file a joint tax return? Yes No N/A
- I am a full-time student and I am not the dependent of another individual. My child is also a full-time student, but is claimed as a dependent on either my tax return or that of the other parent. (Copy of tax return is required and included.) Yes No N/A
- At least one household member will be residing in the unit who is currently or has previously received foster care assistance. Yes No N/A
- At least one household member is not a full-time student.
 Yes (list name of non-student) _____ No N/A

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____

(Each adult household member 18 years or older must complete a separate questionnaire)

INCOME INFORMATION

MONTHLY GROSS INCOME

			MONTHLY GROSS INCOME
1	Yes	No	I/we am self employed. _____ \$ _____
2	Yes	No	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: Name and phone # of Employer(s) / Name of Household Member 1) _____ / _____ \$ _____ Name of Employer Phone # Name of Household Member 2) _____ / _____ \$ _____ Name of Employer Phone # Name of Household Member *Please provide any additional Employer information on a separate sheet of paper.
3	Yes	No	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons who are not living with me. Name _____ Phone # _____ \$ _____ *Please Provide any additional cash contributions or gifts on separate sheet of paper
4	Yes	No	I/we receive Unemployment or Workman's Comp benefits. (please circle which one) Name of Company Providing Workman's Comp Benefits _____ \$ _____ Phone Number _____
5	Yes	No	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. Name of Company _____ Phone # _____ \$ _____
6	Yes	No	I/we receive payments for Social Security, Supplemental Security Income (SSI), and/or direct deposit card. \$ _____
7	Yes	No	This household receives <u>unearned</u> income from family members age 17 or under (i.e., Social Security payments, Trust Fund disbursements, etc.). 1) _____ / _____ \$ _____ Name of Company providing unearned income Phone # Name of Household Member 2) _____ / _____ Name of Company providing unearned income Phone # Name of Household Member
8	Yes	No	I/we receive payments for disability, death benefits, or adoption assistance.(please circle which one) _____ \$ _____ Name of Company providing adoption assistance Phone #
9	Yes	No	I/we receive Public Assistance Income (examples: TANF, AFDC), not including food stamps . \$ _____
10	Yes	No	I/we am entitled to receive child support payments. \$ _____
	Yes	No	I/we am currently receiving child support payments through _____ County or directly from _____ (name of individual). Phone # _____ \$ _____ If yes, from how many persons do you receive support? _____
	Yes	No	I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____
11	Yes	No	I/we am entitled to receive alimony/spousal maintenance payments \$ _____
	Yes	No	I/we am currently receiving alimony/spousal maint payments through _____ County or Directly from _____ (name of individual). Phone # _____
	Yes	No	I am currently making efforts to collect alimony/spousal maintenance payments owed to me. List efforts being made to collect: _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____

(Each adult household member 18 years or older must complete a separate questionnaire)

12	Yes	No	I/we receive periodic payments from trusts, annuities, inheritance, severance, retirement funds or pensions, insurance policies, or lottery winnings. 1) _____ / _____ Source Phone # Name of Household Member 2) _____ / _____ Source Phone # Name of Household Member	\$ _____ \$ _____
13	Yes	No	I/we receive income from real or personal property. Please Explain _____	(use <u>net</u> earned income) \$ _____
14	Yes	No	I/we am a full-time student and receive Section 8 assistance. I receive student financial assistance (i.e., grants, private sources) in amounts that exceed tuition costs. Name of School _____ / Phone # _____	\$ _____

Asset information

				INTEREST RATE	BALANCE/CASH VALUE
1	Yes	No	I/we have a checking account(s). If yes, list bank(s): 1) _____ Acct# _____ Name Phone # 2) _____ Acct# _____ Name Phone #	_____% _____%	\$ _____ \$ _____
2	Yes	No	I/we have a savings account. If yes, list bank(s): 1) _____ Acct# _____ Name Phone # 2) _____ Acct# _____ Name Phone #	_____% _____%	\$ _____ \$ _____
3	Yes	No	I/we have a revocable trust(s). If yes, list bank(s): _____ Phone # Name	_____%	\$ _____
4	Yes	No	I/we own real estate. If yes, provide description: _____ Assessor's Valuation: _____		\$ _____
5	Yes	No	I/we own stocks, bonds, or Treasury Bills. List sources/bank names 1) _____ Phone # _____ Name 2) _____ Phone # _____ Name	_____% _____% _____%	\$ _____ \$ _____ \$ _____
6	Yes	No	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ Phone # _____ Name 2) _____ Phone # _____ Name	_____% _____% _____%	\$ _____ \$ _____ \$ _____
7	Yes	No	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ Phone # _____ Name 2) _____ Phone # _____ Name	_____% _____%	\$ _____ \$ _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____

(Each adult household member 18 years or older must complete a separate questionnaire)

8	Yes	No	I/we have a whole life insurance policy (policy has CASH VALUE). If yes, how many policies _____ 1) _____ Name Policy # 2) _____ Name Policy #		\$ _____ \$ _____ \$ _____ \$ _____
9	Yes	No	I/we have cash on hand.		\$ _____
10	Yes	No	I/we have disposed of assets (i.e., a home) for less than the fair market value within the past 2 years. If yes, list items and date disposed: _____ Item Disposed of Date disposed		\$ _____ \$ _____
11	Yes	No	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ Name Phone # 2) _____ Name Phone #	_____% _____%	\$ _____ \$ _____

HOUSING assistance

Yes	No	Will the household receive Section 8 housing assistance?	List agency name, contact person and phone # _____ _____
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Signature: _____ Date: _____

